



Application for Associate Membership

We would like to become an Associate Member of the International Committee of Sports for the Deaf.

FULL NAME OF AN ASSOCIATION:

OFFICIAL POSTAL ADDRESS:

(Country)

E-MAIL ADDRESS: _____

NAME OF PRESIDENT

NAME OF SECRETARY GENERAL

Deaf? YES NO

Deaf? YES NO

We hereby apply for Associate Membership of the International Committee of Sports for the Deaf and attach herewith:

- an English translation of our Constitution/Statutes and regulations;
- Federation's Articles of Associations;
- Current financial reports;
- Certificate of support by International Sports Federation, etc.
- Letter with Recognition the ICSD Constitution, Bylaws, Code of Ethics and Anti-Doping Rules;
- Letter with Recognition the Court of Arbitration for Sport.

We agree that if granted membership, our Association will be bound by the International Committee of Sports for the Deaf Constitution.

(Signature)
PRESIDENT

(Signature)
SECRETARY GENERAL

(Appendix 2)